MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07851

7854 CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Crisfield
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mc Cready Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural give location) Chesapeake Ave. Ext.

3. NAME OF DECEASED: (Type or Print) (First) Edna (Middle) Wise (Last) Ayres

4. DATE OF DEATH: (Month) Aug (Day) 20 (Year) 1954

5. SEX: female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: Dec. 20, 1888 | 9. AGE last birthday: 65 yrs. | IF UNDER 1 YEAR: Months 8 Days 0 | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Ass't Customs Collector | 10b. KIND OF BUSINESS OR INDUSTRY: U.S. Customs | 11. BIRTHPLACE (State or foreign country): Crisfield, Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: L. Cooper Dize

14. MOTHER'S MAIDEN NAME: Phoebe Ward

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Paul C. Ayres, Crisfield, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of the breast — Interval Between Onset And Death: 10 yrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1943 | 19b. MAJOR FINDINGS OF OPERATION: Carcinoma of breast | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1954, to Aug. 20, 1954, that I last saw the deceased alive on Aug. 19, 1954, and that death occurred at 4:30 P.M. from the causes and on the date stated above.

SIGNATURE Sarah M. Peyton (Degree or title) M.D. ADDRESS Crisfield Md DATE SIGNED Aug. 22, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Aug 22, 1954 | NAME OF CEMETERY OR CREMATORY Bunny Ridge | LOCATION (City, town, or county) Crisfield, Md (State)

DATE REC'D BY LOCAL REGISTRAR 8/21/54 | REGISTRAR'S SIGNATURE Betty W. Tyler | FUNERAL DIRECTOR Howard A. Covington ADDRESS Crisfield, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 24 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07852

7855 CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Crisfield
LENGTH OF STAY (in this place) 14 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Asbury Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Crisfield
STREET ADDRESS (If rural give location) Asbury Ave.

3. NAME OF DECEASED: (Type or Print) (First) Rome (Middle) Lankford (Last) Barnes

4. DATE OF DEATH: (Month) Aug. (Day) 6, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Aug. 11, 1891

9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR Months 11 Days — IF UNDER 24 HRS. Hours 28 Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Merchant

10b. KIND OF BUSINESS OR INDUSTRY: Confectionary

11. BIRTHPLACE (State or foreign country): Pocomoke City, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Clarence Barnes

14. MOTHER'S MAIDEN NAME: Ethel Lankford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 216-10-1965

17. INFORMANT & ADDRESS: Kate Lawson Barnes, Crisfield, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

181X

Immediate cause (a) Carcinoma of bladder & — Interval Between Onset And Death: 1½ years

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) metastasis to lung DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1953, to Aug, 1954, that I last saw the deceased alive on Aug 6, 1954, and that death occurred at 12 40 A M, from the causes and on the date stated above.

SIGNATURE C E Rawley (Degree or title) M D — ADDRESS Crisfield, Md — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Aug. 8, 1954 — NAME OF CEMETERY OR CREMATORY Asbury Cemetery — LOCATION (City, town, or county) Crisfield, Md. (State)

DATE REC'D BY LOCAL REGISTRAR 8/7/54 — REGISTRAR'S SIGNATURE Betty W. Tyler — 24. FUNERAL DIRECTOR Durward Q. Covington — ADDRESS Crisfield, Md.

VS. A15

RECEIVED
AUG 9 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07853

7856 CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY: Somerset — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield

LENGTH OF STAY (in this place): 2 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: McCready Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: Somerset

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield

STREET ADDRESS (If rural give location): Webb Apts.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
GEORGIA	THOMAS	CAREY	August	25	1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
female	white	widowed	May 25, 1892	62 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired:	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
owner	Restaurant	near Crisfield, Md.	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Gordon Butler	Ella Parker

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no		Nelson Carey—N. Somerset Ave.-Crisfield, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Cerebral hemorrhage.	2 days
DUE TO		
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) Hypertension	unknown
DUE TO		
	(c)	

331X

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 8/23, 1954, to 8/25, 1954, that I last saw the deceased alive on 8/25, 1954, and that death occurred at 5:10 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Robert F. Lewis	M.D.	Crisfield, Md.	8-26-54.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	Aug. 28, 1954	Salem Methodist Cemetery	Pocomoke, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/28/54	Betty W. Tyler	Bradshaw Funeral Parlors	Crisfield, Md.

RECEIVED
SEP 1 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07854

7857 CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Somerset MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield; LENGTH OF STAY (in this place) lifetime; HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield; STREET ADDRESS (If rural give location) Rural

3. NAME OF DECEASED: (Type or Print) (First) WADE (Middle) HAMPTON (Last) CULLEN

4. DATE OF DEATH: (Month) August (Day) 24 (Year) 19 54

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: May 21, 1877

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: farming

10b. KIND OF BUSINESS OR INDUSTRY: for himself

11. BIRTHPLACE (State or foreign country): near Crisfield, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jacob H. Cullen

14. MOTHER'S MAIDEN NAME: Arintha Bell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no (If Yes, give war or dates of service): —

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Miss Jessie Cullen--RFD Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia — Interval Between Onset And Death: 2 weeks

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Chronic nephritis + Myocarditis — 4 yrs

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 22, 1954, to Aug. 24, 1954, that I last saw the deceased alive on Aug. 24, 1954, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

SIGNATURE S. M. Payton (Degree or title) M.D ADDRESS Crisfield, Md DATE SIGNED Aug. 25, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): burial DATE THEREOF: Aug. 26, 1954 NAME OF CEMETERY OR CREMATORY: St. Paul's Cemetery LOCATION (City, town, or county) (State): Marion, Md.

DATE REC'D BY LOCAL REGISTRAR: 8/26/54 REGISTRAR'S SIGNATURE: Betty W. Tyler

24. FUNERAL DIRECTOR ADDRESS: Bradshaw Funeral Parlors--Crisfield, Md.

RECEIVED
SEP 1 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07855

7858

CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Crisfield
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural give location) 21 Columbia Ave.

3. NAME OF DECEASED: (Type or Print) (First) B. (Middle) HORACE (Last) FORD

4. DATE OF DEATH: (Month) August (Day) 3, (Year) 19 54

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Feb. 24, 1886

9. AGE last birthday: 68 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: private contractor

10b. KIND OF BUSINESS OR INDUSTRY: Electrical Engineer

11. BIRTHPLACE (State or foreign country): Crisfield, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Ford

14. MOTHER'S MAIDEN NAME: Rachael Nelson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
(If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: James F. Ford—21 Columbia Ave.—Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Myocardial injarction — Interval Between Onset And Death: 36 hrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Acute coronary occlusion — 36 hrs.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/2, 19 54, to 8/3, 19 54, that I last saw the deceased alive on 8/3, 19 54, and that death occurred at 8:15 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert F. Lewis, M.D. ADDRESS Crisfield, Md. DATE SIGNED 8/6/54

23. BURIAL, CREMATION, REMOVAL (Specify) burial | DATE THEREOF Aug. 6, 1954 | NAME OF CEMETERY OR CREMATORY Sunnyridge Cemetery | LOCATION (City, town, or county) (State) Crisfield, Md.

DATE REC'D BY LOCAL REGISTRAR 8/6/54 | REGISTRAR'S SIGNATURE Betty W. Tyler

24. FUNERAL DIRECTOR ADDRESS Bradshaw Funeral Parlors—Crisfield, Md.

VS. A15

RECEIVED
AUG 9 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07856

7859 **CERTIFICATE OF DEATH**

Reg. Dist. No. 261

1. PLACE OF DEATH:
COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Marion Station
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion Station
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED: (Type or Print) (First) Lettie (Middle) (Last) Fossett

4. DATE OF DEATH: (Month) 8 (Day) 21 (Year) 1954

5. SEX: M.

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Feb 10 1883

9. AGE last birthday: 71 yrs.

IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington D C

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no.

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Margaret Gumby Marion Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Acute Myocarditis, Uremia, Acute Dil of Heart	5 mos
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Chronic Int. Nephritis Chronic Myocarditis	years
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

INJURY

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1954, to Aug 21, 1954, that I last saw the deceased alive on Aug 20, 1954, and that death occurred at 10:00 A. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

George L Cullum M D Marion Sta. Md Aug. 23-1954

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 8/23/54 — NAME OF CEMETERY OR CREMATORY Marion Station — LOCATION (City, town, or county) (State) Marion Sta, Md. Som. Co.

DATE REC'D BY LOCAL REG. Aug. 23, 1954 — REGISTRAR'S SIGNATURE Nellie D. Payne

24. FUNERAL DIRECTOR Chas. F. Ward - Marion Sta. ADDRESS Box 235. Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

SEP 1 1 54
BUREAU V. S.

07857

MARYLAND 7860 STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 760

1. PLACE OF DEATH · COUNTY: Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Westover
LENGTH OF STAY (in this place): 37 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland — COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Westover
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Harris (Last) Jones

4. DATE OF DEATH: (Month) Aug (Day) 21 (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov. 14, 1845

9. AGE last birthday: 108 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): England

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Jones

14. MOTHER'S MAIDEN NAME: Priscilla Harris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service): no

16. SOCIAL SECURITY NO.: no

17. INFORMANT AND ADDRESS: Mr. Leroy Jones Weatover, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval between onset and death: 1 hr ?

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerotic cardio vascular disease — ? years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 8 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Geo M Hynson MD — ADDRESS: Princess Anne Md — DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Aug. 24, 1954 — NAME OF CEMETERY OR CREMATORY: St. Andrew Cemetery — LOCATION (City, town, or county) (State): Princess Anne, Maryland

DATE RECD BY LOCAL REG.: 8/23/54 — REGISTRAR'S SIGNATURE: R. H. Johnson, M.D. JT

24. FUNERAL DIRECTOR: Leon R. Wilson — ADDRESS: Princess Anne, Maryland

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 2[illegible] 1954
BUREAU V. S.

07858

7861 MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 360

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Somerset; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne; STREET ADDRESS (If rural, give location) Rural (Greenwood)

3. NAME OF DECEASED (Type or Print): (First) Percy (Middle) Cornelius (Last) Jones

4. DATE OF DEATH: (Month) August (Day) 28, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: April 10, 1898

9. AGE last birthday: 56 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Carpenter

11. BIRTHPLACE (State or foreign country): Oriole, Somerset Co., Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Jones

14. MOTHER'S MAIDEN NAME: Mariah Square

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 214-12-6639

17. INFORMANT AND ADDRESS: Mervy Jones - Princess Anne, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Ruptured Aneurysm of left internal carotid artery

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis - Autopsy report -

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes XX No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ✓, Inspection ✓, Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident ☐, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

R. L. Johnson M.D. Deputy Medical Examiner Princess Anne Md. Aug 31 54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 8/31/54

NAME OF CEMETERY OR CREMATORY: Mt. Hope Cemetery

LOCATION (City, town, or county) (State): Princess Anne, Somerset Co., Md.

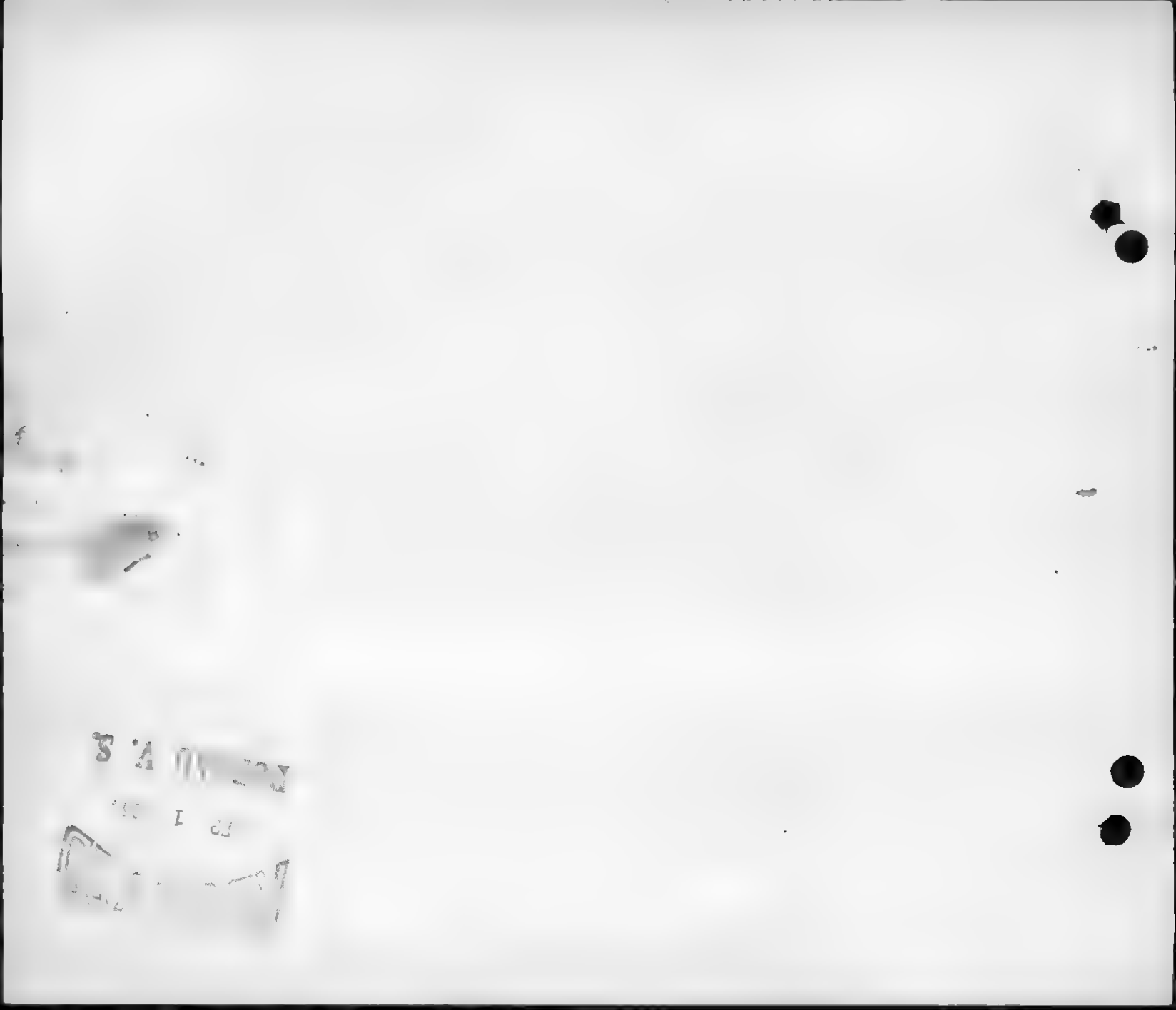
DATE RECD BY LOCAL REG. 8/31/54

REGISTRAR'S SIGNATURE: R. L. Johnson, M.D.

24. FUNERAL DIRECTOR: William H. Jones Jr.

ADDRESS: Princess Anne Md

VS. A15A



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7862

MARYLAND STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 260

Item 9, Film G169 9-10-54 ert

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Monie
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Monie Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Monie
STREET ADDRESS (If rural, give location) Monie Md.

3. NAME OF DECEASED (Type or Print) (First) Nora (Middle) Elizabeth (Last) Lawson
4. DATE OF DEATH (Month) Aug (Day) 29 (Year) 1954
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Nov 14 1873
9. AGE last birthday 80 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME George Noble.
14. MOTHER'S MAIDEN NAME Charlotte McDorman.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Arthur G. Noble, Monie Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary thrombosis — 1 hr

Antecedent cause(s) (b) Chronic myocarditis, — 4 yr

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) arteriosclerosis — 6 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) MONIE (COUNTY) SOMERSET (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 4:10 A m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Aug 26, 1954, to Aug 29, 1954, that I last saw the deceased alive on Aug 29, 1954, and that death occurred at 4:10 A m., from the causes and on the date stated above.

SIGNATURE B. Frank Giganti (Degree or title) MD ADDRESS 20 Prince Wm St. DATE SIGNED Aug 30 1954

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Aug 30 1954
NAME OF CEMETERY OR CREMATORY Jr. Order Mechanics
LOCATION (City, town, or county) Oriole (State) Md.
DATE REC'D BY LOCAL REG. 9/1/54
REGISTRAR'S SIGNATURE R. H. Johnson, M.D.
24. FUNERAL DIRECTOR James Hinman ADDRESS Princess Anne Md.

MARGIN RESERVED FOR BINDING

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SEP 7
BUREAU V. S.

07860

7863 MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 260

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Manokin
LENGTH OF STAY (in this place) all life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Manokin Md COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Manokin
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Oliver (Middle) Thomas (Last) Maddox
4. DATE OF DEATH (Month) August (Day) 4 (Year) 1954
5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH July 10, 1898
9. AGE last birthday 56 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lobster
10b. KIND OF BUSINESS OR INDUSTRY Lobster
11. BIRTHPLACE (State or foreign country) Manokin Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John Maddox
14. MOTHER'S MAIDEN NAME Mariah Small
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. no
17. INFORMANT AND ADDRESS Hester Ainsworth

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Coronary heart disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined*

SIGNATURE (Degree or title) ADDRESS Princess Anne Md DATE SIGNED

R.H. Johnson M.D. Deputy Medical Examiner August 5, 54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF [illegible] 1954
NAME OF CEMETERY OR CREMATORY John Wesley
LOCATION (City, town, or county) (State) Manokin Somerset Md

DATE REC'D BY LOCAL REG. 8/5/54
REGISTRAR'S SIGNATURE R.H. Johnson, M.D.
24. FUNERAL DIRECTOR Charles H. Ward ADDRESS Marion Md

M

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

AUG 6 1954
BUREAU U. S.

07861

MARYLAND 7864

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 360

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairmount
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairmount
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Lula (Middle) Bell (Last) Parks

4. DATE OF DEATH (Month) Aug (Day) 13 (Year) 1954

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH Aug 11 1876

9. AGE last birthday 78 yrs. If under 1 year: Months. Days 2 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Somerset Co.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME James Hewitt

14. MOTHER'S MAIDEN NAME Elizabeth Meredith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Mrs Hatter Cattice Fairmount Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of bladder with generalized metastases

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: 3 years +

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-3, 1954 to 8-13, 1954 that I last saw the deceased alive on 8-11, 1954, and that death occurred at 10:30 A.m., from the causes and on the date stated above.

SIGNATURE Geo Mhlum (Degree or title) MHL ADDRESS Princess Anne Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE Aug 15, 1954 NAME OF CEMETERY OR CREMATORY K of P. Cemetery LOCATION (City, town, or county) Upper Fairmount (State) Md

DATE REC'D BY LOCAL REG. 8/14/54 REGISTRAR'S SIGNATURE R.H. Johnson, M.D.

24. FUNERAL DIRECTOR Harry B. Miles ADDRESS Upper Fairmount, Md.

25

AUG 1 [illegible] 4
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07862

7865 CERTIFICATE OF DEATH Reg. Dist. No. 365

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS RFD 1

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural give location) RFD 1

3. NAME OF DECEASED: (Type or Print) (First) Sarah (Middle) Catherine (Last) Sterling

4. DATE OF DEATH: (Month) August (Day) 10 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: January 29, 1911

9. AGE last birthday: 43 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Rural, Crisfield, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Williams

14. MOTHER'S MAIDEN NAME: Grace Coulbourne

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs. Marion Whittington, Crisfield, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

410 X

Immediate cause (a) Acute Myocardial Failure — Interval Between Onset And Death: 22 Hrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Cardiac Hypertrophy and Dilatation — Unknown

DUE TO Mitral Insufficiency

(c) Chronic Rheumatic Heart Disease — Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 10, 1954 to Aug 10, 1954, that I last saw the deceased alive on Aug 10, 1954, and that death occurred at 8:55 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) A. N. Barr, M.D. ADDRESS Crisfield, Maryland DATE SIGNED 8/12/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Aug. 13, 1954 NAME OF CEMETERY OR CREMATORY Lawsonia Cemetery LOCATION (City, town, or county) (State) Crisfield, Maryland

DATE REC'D BY LOCAL REGISTRAR 8/13/54 REGISTRAR'S SIGNATURE Betty W. Tyler

24. FUNERAL DIRECTOR ADDRESS Bradshaw Funeral Parlors, Crisfield, Md

RECEIVED
AUG 18 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07863

7866 CERTIFICATE OF DEATH

Reg. Dist. No. 261

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Somerset, Kingston MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Box 4 Kingston, Maryland; LENGTH OF STAY (in this place) 78 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kingston, Md.; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Leah (Middle) Janette (Last) Whittington

4. DATE OF DEATH: (Month) 8 (Day) 17 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Unknown

9. AGE Last birthday: 79 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Kingston, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Potter

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Robert Whittington - Marion Sta. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

592 K

Immediate cause (a) Uremia, Acute Dil. of Heart — Interval Between Onset And Death: 2 weeks

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chronic Int. Nephritis - Chronic Myocarditis & General Arteriosclerosis — 4 years

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. **INJURY OCCURED** While at Work ☐ Not While At Work ☐ **HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from at intervals March, 1954, to Aug. 17, 1954, that I last saw the deceased alive on Aug. 17, 1954, and that death occurred at 11:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) George L Goodhart M.D. ADDRESS Marion Sta. Md DATE SIGNED Aug. 1954.

23. BURIAL, CREMATION, REMOVAL (Specify) Buried | DATE THEREOF 8-19-54 | NAME OF CEMETERY OR CREMATORY Kingston Cemetery | LOCATION (City, town, or county) (State) Kingston, Md - Som. Co.

DATE REC'D BY LOCAL REGISTRAR Aug. 18, 1954 | REGISTRAR'S SIGNATURE Nellie D. Payne

24. FUNERAL DIRECTOR George W. Tilghman ADDRESS Marion, Md.

RECEIVED
AUG 23 1954
BUREAU V. S.